MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09348

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Federalsburg - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Caroline COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Federalsburg - Rural
STREET ADDRESS (If rural give location): River Road

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Ena (Last) Cannon

4. DATE OF DEATH: (Month) September (Day) 27 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	May 6, 1883	69 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Federalsburg, Maryland	U.S.A.

13. FATHER'S NAME: Aaron Johnson

14. MOTHER'S MAIDEN NAME: Maggie Banks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	Unknown	Walter J. Cannon, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 5 yrs.

DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M. Cannaday M.D. — ADDRESS: Federalsburg Md. — DATE SIGNED: 9/30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	October 1, 1952	Federal Hill Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 30, 1952	Margaret H. Frampton	J.J. Frampton and Son,	Federalsburg, Md.

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09349

Reg. Dist. No. 63

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural — LENGTH OF STAY (In this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Smithson	STREET ADDRESS (If rural give location): 516 North Eden Street

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) (Last) Carroll				4. DATE OF DEATH (Month) September (Day) 14 (Year) 1952	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Jan. 16, 1919	9. AGE last birthday: 33 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory	11. BIRTHPLACE (State or foreign country): North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: George Carroll		14. MOTHER'S MAIDEN NAME: Emma Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Elizabeth Carroll, Preston, Md., R.F.D.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) Hemorrhage Shock — immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun Shot Wound of Face — immediate

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Factory — (CITY OR TOWN) Smithson (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) 9 (Day) 14 (Year) 1952 (Hour) 3:15 — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Gun Shot Wound Homicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Hauxton V. George — (Degree or title) Deputy Medical Examiner — ADDRESS: Denton Md. — DATE SIGNED: 9/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal	DATE THEREOF: Sept. 16, 1952	NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery	LOCATION (City, town, or county) (State): Marion, North Carolina
DATE REC'D BY LOCAL REG.: 9/16/52	REGISTRAR'S SIGNATURE: Cornelia D. Plummer	24. FUNERAL DIRECTOR: J.J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

RECEIVED
SEP 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 49350

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 9 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hartley
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schall Nursing Home	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) S. (Last) Daly				4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 52 19	
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: 1/14/1878	9. AGE last birthday: 74 yrs.	IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Josuah H. Sparks		14. MOTHER'S MAIDEN NAME: Cecillia Harwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Frances Ennis Hartley, Delaware			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent cause(s) (b) Cerebral & General Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Coronary Disease & Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Residual Hemiplegia

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1951, to Sept. 23, 1952, that I last saw the deceased alive on Sept. 23, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Honeiger M.D. (DEGREE OR TITLE) ADDRESS Greensboro Md DATE SIGNED Sept 25 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 9/26/52	NAME OF CEMETERY OR CREMATORY Lake Side	LOCATION (City, town, or county) (State) Dover, Delaware
DATE REC'D BY LOCAL REG. Sept 25-1952	REGISTRAR'S SIGNATURE L. Mae Lippin	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 30 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #9351

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural

LENGTH OF STAY (in this place): 57 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Chestnut Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — Caroline COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural

STREET ADDRESS (If rural give location): Near Chestnut Grove

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Idell (Last) Dew

4. DATE OF DEATH: (Month) September (Day) 20 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Dec. 20, 1874	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	East Hartford, Connecticut	U.S.A.

13. FATHER'S NAME: William Relyea

14. MOTHER'S MAIDEN NAME: Carrie Risley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	James Dew, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis. — Interval Between Onset And Death: 15 Min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — ?

DUE TO (c) Complicated by Hypertrophic Arthritis — 30 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. ,1942 to Sept 20th, 1952 that I last saw the deceased alive on 9/20, 1952 and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE: W. E. Lemmon (Degree or title) M. D. — ADDRESS: Federalsburg Md — DATE SIGNED: 9/22/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 23, 1952	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
September 22, 1952	Margaret N. Frampton	J.J. Frampton and Son,	Federalsburg, Md.

RECEIVED
SEP 25 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

#9352

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) ELIZABETH (Middle) (Last) EVANS

4. DATE OF DEATH: (Month) SEPT (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 25, 1870

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ross

14. MOTHER'S MAIDEN NAME: Eliza Ann Huston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Nicholas Knotts, Hillsboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I20.1

Immediate cause — (a) Coronary Insufficiency — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 4 years

DUE TO

(c) Coronary occlusion — 5 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1948 to Sept 2, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J Paul Knotts M D — ADDRESS: Denton Md — DATE SIGNED: Sept 3-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 5 1952 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Hillsboro Md.

DATE REC'D BY LOCAL REGISTRAR: 9/3/52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J Virgil Keene & Son — ADDRESS: Denton, Md.

RECEIVED
SEP 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural

STREET ADDRESS (If rural give location): Denton Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Oscar	Harrison	Fishell	September 17 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 22, 1891	61 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos L. Fishell	Lucinda Waledry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	214-32-6938	Mrs. Elsie M. Fishell, Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Insufficiency

DUE TO

(c) with Angina Pectoris

Interval Between Onset And Death: (a) 10 minutes; (b) 8 years; (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION,	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28 ..., 1939, to 9/17, 1952, that I last saw the deceased alive on 9/17, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. Paul Burris M D — ADDRESS: Denton Md — DATE SIGNED: 9/19/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 21, 1952	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
September 20, 1952	Margaret H. Frampton	J.J. Frampton and Son, Federalsburg, Md.

VS. A1

RECEIVED
SEP 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Rural

LENGTH OF STAY (in this place) 94 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridgely

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Gailus

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/17/1858

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bailey Gailus

14. MOTHER'S MAIDEN NAME: Anna Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Zoe Powell Ridgely, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral Hemorrhage with hemiplegia

DUE TO

Antecedent cause(s) (b) Cerebral & General Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Sept. 17, 1952, that I last saw the deceased alive on Sept. 16, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Charles H Streeter (DEGREE OR TITLE) M.D. ADDRESS Greenstown, Md. DATE SIGNED Sept 18 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/21/1952

NAME OF CEMETERY OR CREMATORY Chaple

LOCATION (City, town, or county) (State) Near Easton, Md.

DATE REC'D BY LOCAL REG. Sept. 18, 1952

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 152

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A65

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Denton; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place) life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) (Last) GEISEL

4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 2 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Hiram H. Geisel

14. MOTHER'S MAIDEN NAME: Mary E. Blongh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Sclarock, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) Carcinoma Lung DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 18 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1924, to Sept 1, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 4 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Morris M D ADDRESS Denton Md DATE SIGNED 9-4-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 4 1952 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/3/52 REGISTRAR'S SIGNATURE Mrs D O Lange

24. FUNERAL DIRECTOR J. Lloyd Mowbray Denton ADDRESS

SEP 9
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg – Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg – Rural
STREET ADDRESS (If rural give location) Bridgeville Road

3. NAME OF DECEASED: (Type or Print) (First) LeRoy (Middle) Albert (Last) Gullett

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 12, 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Evangelist

10b. KIND OF BUSINESS OR INDUSTRY: Salvation Army

11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. Eli C. Gullett

14. MOTHER'S MAIDEN NAME: Mary Ann Pennewill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Mary B. Conway, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinoma of Sigmoid

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO generalized metastasis

(c)

Interval Between Onset And Death 1 yr.

155X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/1/52

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952 to 9/6, 1952 that I last saw the deceased alive on 9/6, 1952, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Anderson M. D. Federalsburg, Maryland Sept. 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 8, 1952

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR September 8, 1952

REGISTRAR'S SIGNATURE Margaret H Frampton

24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 57

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home 3rd Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location) S. 3rd Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Edward (Last) Hudson
4. DATE OF DEATH: (Month) Sept. (Day) 18th (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 25th 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 3 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Hudson
14. MOTHER'S MAIDEN NAME: Caroline Mitchel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs T E Hudson Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 6 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arterio sclerosis — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1928, to 9-18, 1952, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Thotts MD
ADDRESS Denton Md
DATE SIGNED 9-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF Sept. 21st 1952
NAME OF CEMETERY OR CREMATORY Barretts Chapel
LOCATION (City, town, or county) Fredericka, Dent. (State) Del.
DATE REC'D BY LOCAL REGISTRAR 9/20/52
REGISTRAR'S SIGNATURE Mrs D C George
24. FUNERAL DIRECTOR J. Virgil Moore & Son
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro — LENGTH OF STAY (in this place) 39 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Bess	(Middle) Neese	(Last) Jarrell	4. DATE OF DEATH: (Month) 9	(Day) 21	(Year) 52 19		
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 8/25/1893	9. AGE last birthday: 59 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Rev. Gordon R. Neese	14. MOTHER'S MAIDEN NAME: Elizabeth Mc Millan						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: T. Noble Jarrell Goldsboro, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

175X

Immediate cause (a) Exhaustion

DUE TO

Antecedent cause(s) (b) Carcinomatosis (Primary Ovarian)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept., 1952, that I last saw the deceased alive on 9/21, 1952, and that death occurred at 5:20 P.m. from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Goldsboro Md DATE SIGNED 9-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 9/24/52	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. 9/24/52	REGISTRAR'S SIGNATURE A. Clark Smith	24. FUNERAL DIRECTOR R. B. Rawlings	ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

SEP 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson

LENGTH OF STAY (in this place) 28 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Korell Sr.

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 52 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/5/1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bangor, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 218-20-8017

17. INFORMANT & ADDRESS: James Korell Jr. Henderson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 177X

Immediate cause (a) Metastatic Carcinoma of hip and spine

DUE TO

Antecedent cause(s) (b) Carcinoma of Prostate

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1951, to Sept. 26, 1952, that I last saw the deceased alive on Sept. 26, 1952, and that death occurred at 3:30A. m., from the causes and on the date stated above.

SIGNATURE Clark H Stonesifer (DEGREE OR TITLE) ADDRESS Greensboro Md DATE SIGNED Sept 27 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/28/52

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 9/28/52

REGISTRAR'S SIGNATURE A. Clark Smith

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3360

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1 PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Central Avenue

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Houston Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) (Last) Milligan
4. DATE OF DEATH: (Month) September (Day) 15 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 3, 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Maryland Plastics
11. BIRTHPLACE (State or foreign country): Near Vienna, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J. Frank Milligan
14. MOTHER'S MAIDEN NAME: Hattie Lord
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-16-8048
17. INFORMANT & ADDRESS: Mrs. Nellie R. Milligan, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis DUE TO
(c)

Interval Between Onset And Death
1 hr.
Syn.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1.5, 19 52 to 9/1.5, 19 52 that I last saw the deceased alive on 9/1.5, 19 52 and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Frank M Anderson (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED Sept.18,1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept.18,1952 NAME OF CEMETERY OR CREMATORY McKendree Cemetery LOCATION (City, town, or county) (State) Near Rhoadesdale, Maryland

DATE REC'D BY LOCAL REGISTRAR September 18, 1952 REGISTRAR'S SIGNATURE Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son,, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 066

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely

LENGTH OF STAY (in this place) 26 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 52 19

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 7/8/1926

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Phila., Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Wilson

14. MOTHER'S MAIDEN NAME: Margaret Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-24-1675

17. INFORMANT & ADDRESS: James H. Nichols Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocarditis

241X

Antecedent cause(s) DUE TO (b) Cardio Renal Disease c̄ Hypertension

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Bronchial Asthma

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Residual Hemiplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept. 16, 1952, that I last saw the deceased alive on Sept. 16, 1952, and that death occurred at 11:30A. m., from the causes and on the date stated above.

SIGNATURE Charles H. Treasure M.D. (DEGREE OR TITLE) ADDRESS Greensboro Md DATE SIGNED Sept. 18 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/19/52

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REG. Sept. 18, 1952

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No: 362

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Caroline COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) Academy Avenue

3. NAME OF DECEASED: (Type or Print) (First) Joshua (Middle) Herman (Last) Noble

4. DATE OF DEATH: (Month) (Day) (Year) September 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 25, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Lumber & Mill
10b. KIND OF BUSINESS OR INDUSTRY: Retail Lumber Plant
11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Alfred Noble
14. MOTHER'S MAIDEN NAME: Mahala Noble

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-10-3466
17. INFORMANT & ADDRESS: Mrs. J. Herman Noble, Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 30 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Heart Disease — 5 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1948 to 9/17, 1952 that I last saw the deceased alive on 9/17, 1952 and that death occurred at 12:55 a.m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED Sept. 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 20, 1952 NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR September 20, 1952 REGISTRAR'S SIGNATURE Margaret H Framptom
24. FUNERAL DIRECTOR J.J. Framptom and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Caroline COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Denton Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Rosser

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 15, 1867

9. AGE last birthday. 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Cardiff, Wales

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Rosser

14. MOTHER'S MAIDEN NAME: Catherine Edmunds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Fern S. Rosser, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177

Immediate cause (a) Carcinoma of prostate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) generalized metastasis

DUE TO (c)

Interval Between Onset And Death: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/1/50

19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1949 to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank M. Anderson M.D. ADDRESS Federalsburg, Md. DATE SIGNED 9/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 5, 1952

NAME OF CEMETERY OR CREMATORY Bloomery Cemetery

LOCATION (City, town, or county) (State) Near Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR September 5, 1952

REGISTRAR'S SIGNATURE Margaret H Frampton

24. FUNERAL DIRECTOR J.J. Frampton and Son, ADDRESS Federalsburg, Md.

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SEP
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09364

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 60 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) P. (Last) Steinmann

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 52 19

5. SEX: F F. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 9/28/1883 — 9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert R. Shull — 14. MOTHER'S MAIDEN NAME: Laura E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT & ADDRESS: Bertha Shull Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Hemorrhage (Sub-arachnoid) — 1 wk.

DUE TO

Antecedent cause(s) (b) Cerebral & General arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Chronic Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple Arthritis (Hypertrophic)

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952, to Sept. 16, 1952, that I last saw the deceased alive on Sept. 16, 1952, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE Carl H. Tonsyn (DEGREE OR TITLE) ADDRESS Greensboro Md — DATE SIGNED Sept 19 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9/20/52 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. Sept 20-1952 — REGISTRAR'S SIGNATURE L. McPippin — 24. FUNERAL DIRECTOR R. B. Rawlings — ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11 8-51

RECEIVED
SEP [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09365

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro

LENGTH OF STAY (in this place) 7 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Goldsborough (Last) Strong

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 52 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/30/1877

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lockerman Goldsborough

14. MOTHER'S MAIDEN NAME: Mary Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mildred G. Strong Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage (Subarachnoid) 5 hrs.

DUE TO

Antecedent cause(s) (b) Cerebral + General Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Acute Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1952, to Sept. 18, 1952, that I last saw the deceased alive on Sept. 18, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Stevens Jr. M.D. (DEGREE OR TITLE) ADDRESS Greensboro Md. DATE SIGNED Sept 20 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/22/52

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centerville, Md.

DATE REC'D BY LOCAL REG. Sept. 22-1952

REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 25 1952
BUREAU V. S.